



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

FONDREN ORTHOPEDIC GP LLP
7401 SOUTH MAIN STREET
HOUSTON TEXAS 77030

DWC Claim #:
Injured Employee:
Date of Injury:
Employer Name:
Insurance Carrier #:

Respondent Name

NEW HAMPSHIRE INSURANCE CO

Carrier's Austin Representative

Box Number 19

MFDR Tracking Number

M4-13-2586-01

MFDR Date Received

June 7, 2013

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "We have received the explanation of benefits with payment for procedure codes 63042/50 and 63030/50. We are now requesting this appeal along with the operative report be reviewed... We would like to note that these codes should be paid @ 150% due to the 50 modifier. "

Amount in Dispute: \$2,294.76

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: The insurance carrier did not submit a response to the DWC060 request. A copy of the DWC060 was placed in the carrier representative box 19 assigned to Flahive Ogden & Latson on June 17, 2013. On June 18, 2013 FOL Fileroom, Gordon Clayton picked up the DWC060. As a result, a decision will be issued based on the information contained in the file at the time of the audit.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
August 22, 2012	63042-50 and 63030-50	\$2,294.76	\$980.65

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

- 28 Texas Administrative Code §133.307 sets out the procedures for resolving a medical fee dispute.
- 28 Texas Administrative Code §134.203 sets out the fee guideline reimbursement for professional medical services.
- The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits

- W1 – Workers compensation state fee schedule adjustment

- 1 – No reduction available
- 2 – The charge for this procedure exceeds the fee schedule allowance
- * – Any request of reconsideration of this workers' compensation payment should be accompanied by a copy of this explanation of review.

Issues

1. Did the requestor bill for services in conflict with the NCCI edits?
2. Is the requestor entitled to reimbursement?

Findings

1. 28 Texas Administrative Code §134.203 "(b) For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rule."
 - The requestor seeks reimbursement for CPT codes 63042-50 and 63030-50. The requestor billed the following procedure codes on August 22, 2012; 63042-50 and 63030-50.
 - NCCI edits were run to determine if the procedure codes billed on August 22, 2012 contain NCCI edit conflicts. The following was identified: Per CCI Guidelines, Procedure Code 63042 has a CCI conflict with Procedure Code 63030. Review documentation to determine if a modifier is appropriate. No modifier was appended to override the NCCI edit, therefore, reimbursement cannot be recommended for CPT code 63042.
 - The requestor appended modifier -50 to CPT code 63030. Definition of modifier -50 is "Modifier applies to surgical procedures (CPT codes 10040-69990) and to radiology procedures performed bilaterally. Used to report bilateral procedures performed in the same operative session. Identify that a second (bilateral) procedure has been performed by adding modifier 50 to the procedure code."
2. Per 28 Texas Administrative Code §134.203 (c) To determine the MAR for professional services, system participants shall apply the Medicare payment policies with minimal modifications: (1) For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery when performed in an office setting, the established conversion factor to be applied is \$52.83. For Surgery when performed in a facility setting, the established conversion factor to be applied is \$66.32. (2) The conversion factors listed in paragraph (1) of this subsection shall be the conversion factors for calendar year 2008. Subsequent year's conversion factors shall be determined by applying the annual percentage adjustment of the Medicare Economic Index (MEI) to the previous year's conversion factors, and shall be effective January 1st of the new calendar year..."
 - The requestor rendered multiple procedures during one surgical session; therefore the multiple procedure rule applies to CPT code 63030.
 - The definition of modifier -51 is "When multiple procedures, other than E/M services, Physical Medicine and Rehabilitation services or provision of supplies (eg, vaccines), are performed at the same session by the same individual, the primary procedure or service may be reported as listed. The additional procedure(s) or service(s) may be identified by appending modifier 51 to the additional procedure or service code(s). Note: This modifier should not be appended to designated "add-on" codes (see Appendix D)."
 - Multiple surgery pricing logic applies to bilateral services (modifier 50) performed on the same day with other procedures. Medicare applies the multiple surgery pricing logic as follows: Medicare pays for multiple surgeries by ranking from the highest physician fee schedule amount to the lowest physician fee schedule amount; 100% of the highest physician fee schedule amount; 50% of the physician fee schedule amount for each of the other codes.
 - The requestor seeks reimbursement for CPT code 63030-50 (bilateral) with a multiple procedure indicator of 2 = standard multiple surgery criteria applies, therefore, the multiple procedure reduction applies to CPT 63050-50. The MAR rate is 100% for the first procedure at \$1,961.28 and 50% for the second procedure at \$980.64 for a total reimbursement amount of \$2,941.92, minus the insurance carrier payment of \$1,961.27, the amount due to the requestor is \$ 980.65, therefore this amount is recommended.
3. Review of the submitted documentation finds that the requestor is entitled to additional reimbursement for CPT code 63040 in the amount of \$980.65, however is not entitled to additional reimbursement for CPT code 63042.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$980.65.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$980.65 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

_____	_____	July 31, 2013
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.